PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence recorrespondence address as a propriate. All further correspondence defenses an appropriate. The propriate of the propriat

maintenance fee notificatio	ns.	awise iii block 1, by (a	a) specifying a new corres	ponuence address;	and/or (b) mulcating a sepa	HARC FEE ADDRESS 101
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
75485 75	590 09/16/2	2010	nave		-	
The Law Office of Michael E. Kondoudis 888 16th Street, N.W. Suite 800				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop 1SSUE FEE address above, or being faesimile transmitted to the USPTO (571) 273–2885, on the date indicated below.		
Washington, DC 20006				(Depositor's name)		
			_	(Signature)		
			_			(Date)
				(LAIR)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/799,863	03/12/2004		Dan Kalish		1500.0036	1725
TITLE OF INVENTION; SYSTEM AND METHOD FOR IDENTIFYING CONTENT SERVICE WITHIN CONTENT SERVER						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	12/16/2010
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS			
JAKOVAC, RYAN J		2445	709-219000			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). Change of correspondence address for Change of Correspondence Address form PTOVSB/122 attached. Tee Address' indication (or "Fee Address' Indication form PTOVSB/12 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patient front page, list (I) the names of up to 3 registered patient attorneys or agents OR, alternatively, (2) the names of a single firm (having as a member a registered attorneys or agents and the names of up to 2 registered patient attorneys or agents. If no name is black, no name with be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CTIY and STATE OR COUNTRY) Flash Networks Ltd. Herzeliya, ISRAEL						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🖵 Government						
☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
 Change in Entity Status Applicant claims S 			☐ b. Apolicant is no lon	oer claiming SMAI	L ENTITY status. Sec 37 C	FR 1 27(a)(2)
					tered attorney or agent; or the	
Authorized Signature _					ember 9, 201(
Typed or printed name Michael Kondoudis			Registration No. 42758			
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	on is required by 37 CF lity is governed by 35 U pplication form to the s for reducing this burg jinia 22313-1450. DO -1450.	FR 1.311. The informatis U.S.C. 122 and 37 CFR USPTO. Time will vary fen, should be sent to th NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est r depending upon the indiv e Chief Information Office COMPLETED FORMS TO	retain a benefit by the imated to take 12 no idual case. Any cour, U.S. Patent and T. D'THIS ADDRESS.	ne public which is to file (an inutes to complete, includir mments on the amount of ti frademark Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to process) ig gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.